

**DECLARATION and POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO.:

**PHNL000360 US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**"Image sensor signal defect correction"**

the specification of which (check one)

☐ is attached hereto.☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	00202200.2	23 June 2000	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

**PRIOR UNITED STATES APPLICATION(S)**

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902  
 Michael E. Marion, Reg. No. 32,266  
 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;  
 U.S. Philips Corporation;  
 580 White Plains Road; Tarrytown, NY 10591

DIRECT TELEPHONE CALLS TO:  
 (name and telephone No.)  
 (914) 332-0222

Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name <b>DILLEN</b>	First Name <b>Bartholomeus</b>	Middle Name <b>Goverdina Maria Henricus</b>
Residence & Citizenship	City <b>Eindhoven</b>	State or Foreign Country <b>The Netherlands</b>	Country of Citizenship <b>The Netherlands</b>
Post Office Address	Street <b>Prof. Holstlaan 6</b>	City <b>5656 AA Eindhoven</b>	State or Country <b>The Netherlands</b> Zip Code
Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name <b>VAN DER SIJDE</b>	First Name <b>Arjen</b>	Middle Name <b>Gerben</b>
Residence & Citizenship	City <b>Eindhoven</b>	State or Foreign Country <b>The Netherlands</b>	Country of Citizenship <b>The Netherlands</b>
Post Office Address	Street <b>Prof. Holstlaan 6</b>	City <b>5656 AA Eindhoven</b>	State or Country <b>The Netherlands</b> Zip Code

Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name <b>LANGEN</b>	First Name <b>Ralph</b>	Middle Name
Residence & Citizenship	City <b>Eindhoven</b>	State or Foreign Country <b>The Netherlands</b>	Country of Citizenship <b>The Netherlands</b>
Post Office Address	Street <b>Prof. Holstlaan 6</b>	City <b>5656 AA Eindhoven</b>	State or Country <b>The Netherlands</b> Zip Code
Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name	First Name	Middle Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Street	City	State or Country      Zip Code
Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name	First Name	Middle Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Street	City	State or Country      Zip Code
Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name	First Name	Middle Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Street	City	State or Country      Zip Code
Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name	First Name	Middle Name
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship
Post Office Address	Street	City	State or Country      Zip Code

All patients (n = 100)		Patients with hypertension (n = 30)		Patients without hypertension (n = 70)	
Age (years)	55.2 ± 1.2	54.8 ± 1.5	55.5 ± 1.0		
Gender (male/female)	55/45	28/2	27/43		
Duration of disease (years)	10.5 ± 2.1	10.2 ± 2.5	10.8 ± 1.8		
Family history of hypertension	35/65	18/12	17/48		
Current smoking (yes/no)	25/75	12/18	13/57		
Alcohol consumption (g/day)	20.5 ± 10.2	21.2 ± 11.5	19.8 ± 9.5		
Exercise (times/week)	2.5 ± 1.5	2.8 ± 1.2	2.2 ± 1.8		
Stress (score)	45.2 ± 12.5	46.5 ± 13.2	44.8 ± 11.8		
Medication (yes/no)	15/85	8/22	7/63		
Medication type	ACE inhibitors, 10; beta-blockers, 5; diuretics, 3; calcium antagonists, 2; others, 5	ACE inhibitors, 5; beta-blockers, 3; diuretics, 2; calcium antagonists, 1; others, 2	ACE inhibitors, 7; beta-blockers, 4; diuretics, 3; calcium antagonists, 2; others, 7		
Comorbidities					
Diabetes mellitus	15/85	8/22	7/63		
Hyperlipidemia	25/75	12/18	13/57		
Chronic kidney disease	10/90	5/25	5/65		
Asthma	5/95	3/27	2/68		
Depression	12/88	6/24	6/84		
Anxiety disorder	8/92	4/26	4/88		
Sleep apnea	18/82	9/21	9/71		
Gout	3/97	2/28	1/69		
Parkinson's disease	1/99	0/30	1/69		
Alzheimer's disease	2/98	1/29	1/69		
Hepatic disease	1/99	0/30	1/69		
Autoimmune disease	4/96	2/28	2/68		
Cancer	10/90	5/25	5/65		
Infectious disease	5/95	3/27	2/68		
Allergies	20/80	10/20	10/60		
Other	15/85	8/22	7/63		
Quality of life (score)	65.2 ± 15.5	64.8 ± 16.2	65.5 ± 14.8		
Healthcare utilization (times/year)	3.5 ± 2.1	3.8 ± 2.5	3.2 ± 1.8		
Healthcare costs (\$/year)	1250 ± 450	1300 ± 500	1200 ± 400		
Adherence to treatment (%)	68.5 ± 12.5	67.2 ± 13.2	69.8 ± 11.8		
Knowledge of disease (%)	72.5 ± 14.5	71.8 ± 15.2	73.2 ± 13.8		
Self-management skills (%)	65.2 ± 16.5	64.5 ± 17.2	65.8 ± 15.8		
Healthcare provider satisfaction (%)	78.5 ± 11.5	77.8 ± 12.2	79.2 ± 10.8		
Overall health status (score)	75.2 ± 18.5	74.8 ± 19.2	75.5 ± 17.8		
Life expectancy (years)	15.2 ± 2.5	15.0 ± 2.8	15.4 ± 2.2		
Quality-adjusted life expectancy (QALYs)	10.5 ± 1.5	10.3 ± 1.8	10.7 ± 1.2		
Healthcare costs per QALY (\$/QALY)	120 ± 20	125 ± 25	115 ± 15		
Healthcare costs per life year (\$/LY)	80 ± 15	85 ± 20	75 ± 10		
Healthcare costs per disability-adjusted life year (DALYs) (\$/DALY)	150 ± 30	155 ± 35	145 ± 25		
Healthcare costs per quality-adjusted life year (QALY) (\$/QALY)	110 ± 20	115 ± 25	105 ± 15		
Healthcare costs per life year (LY) (\$/LY)	70 ± 15	75 ± 20	65 ± 10		
Healthcare costs per DALY (\$/DALY)	140 ± 30	145 ± 35	135 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	100 ± 20	105 ± 25	95 ± 15		
Healthcare costs per LY (LY) (\$/LY)	60 ± 15	65 ± 20	55 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	130 ± 30	135 ± 35	125 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	90 ± 20	95 ± 25	85 ± 15		
Healthcare costs per LY (LY) (\$/LY)	50 ± 15	55 ± 20	45 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	120 ± 30	125 ± 35	115 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	80 ± 20	85 ± 25	75 ± 15		
Healthcare costs per LY (LY) (\$/LY)	40 ± 15	45 ± 20	35 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	110 ± 30	115 ± 35	105 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	70 ± 20	75 ± 25	65 ± 15		
Healthcare costs per LY (LY) (\$/LY)	30 ± 15	35 ± 20	25 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	100 ± 30	105 ± 35	95 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	60 ± 20	65 ± 25	55 ± 15		
Healthcare costs per LY (LY) (\$/LY)	20 ± 15	25 ± 20	15 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	90 ± 30	95 ± 35	85 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	50 ± 20	55 ± 25	45 ± 15		
Healthcare costs per LY (LY) (\$/LY)	10 ± 15	15 ± 20	5 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	80 ± 30	85 ± 35	75 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	40 ± 20	45 ± 25	35 ± 15		
Healthcare costs per LY (LY) (\$/LY)	0 ± 15	5 ± 20	-5 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	70 ± 30	75 ± 35	65 ± 25		
Healthcare costs per QALY (QALY) (\$/QALY)	30 ± 20	35 ± 25	25 ± 15		
Healthcare costs per LY (LY) (\$/LY)	-10 ± 15	-5 ± 20	-15 ± 10		
Healthcare costs per DALY (DALY) (\$/DALY)	60 ± 30	65 ± 35	55 ± 25		

Filed: CONCURRENTLY

Commissioner for Patents  
Washington, D.C. 20231

Sir:

STEVEN R. BIREN (Registration No. 26,531)  
c/o U.S. PHILIPS CORPORATION, Intellectual Property Department, 580  
White Plains Road, Tarrytown, New York 10591, his Associate  
Attorney(s)/Agent(s) with all the usual powers to prosecute the  
above-identified application and any division or continuation  
thereof, to make alterations and amendments therein, and to  
transact all business in the Patent and Trademark Office connected  
therewith.

Respectfully

Respectfully,  
Michael E. Naais

Dated at Tarrytown, New York  
this 21<sup>ST</sup> day of June 2001.